

**UTILITY PATENT APPLICATION
TRANSMITTAL UNDER 37 CFR 1.53(b)****ATTORNEY DOCKET 86161WFN
Customer No. 01333**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA. 22313-1450**Express Mail Label No.**

EV293538594US

**AN IMAGING SYSTEM USING COMBINED
DICHROIC/HIGH-PASS FILTERS****Date:** July. 23, 200300746 U.S. PTO
10/625376
07/23/03
**First Named Inventor (or Application Identifier):**

Douglas L. Vizard, et al

Enclosed are:

1. Specification 6. Assignment of the invention to Eastman Kodak Company
2. Sheet(s) of drawing(s) 7. Certified copy of a priority
3. Information Disclosure Statement Under 37 CFR 1.97. 8. Associate Power of Attorney
4. Combined Declaration for Patent Application and Power of Attorney:
4a. New
4b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 11 completed)

5. Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

- 9.
-
- Deletion of Inventor(s).

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:

--CROSS REFERENCE TO RELATED APPLICATION

Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

- 11.
-
- Continuation
-
- Divisional
-
- Continuation-in-part (CIP) of prior application No. ,

- 12.
-
- Please address all written communications to Thomas H. Close, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201. Please Direct all telephone calls to William F. Noval at 585-477-5272.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 750
TOTAL CLAIMS	3 - 20 =	-17	x 18 =	\$ 0
INDEPENDENT CLAIMS	2 - 3 =	-1	x 84 =	\$ 0
MULTIPLE DEPENDENT CLAIM PRESENTED			+ 280	\$ 0
			TOTAL	\$ 750

- Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of **\$ 750**
A duplicate copy of this sheet is enclosed

- The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.
A duplicate copy of this sheet is enclosed.

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